<u> </u>				
tor 1 Grace Louise Dahl	quist Middle Name	Last Name		
tor 2				
use, if filing) First Name	Middle Name	Last Name		
ed States Bankruptcy Court for the: E	astern District of Pennsylv	ania		
e number 21-11829			Check if this	
lowity .			An ame	nded filing ement showing postpetition chapter
				as of the following date:
cial Form 106l			MM / DD	/
hedule I: You	r Income		7 55	12/15
rate sheet to this form. On the	top of any additional pag	ges, write your name and	case number (if kn	se. If more space is needed, attach a nown). Answer every question.
ill in your employment		Debtor 1		Debtor 2 or non-filing spouse
f you have more than one job,				
ttach a separate page with formation about additional	Employment status	☐ Employed		Employed
employers.		Not employed		■ Not employed
nclude part-time, seasonal, or				
self-employed work.  Occupation may include student	Occupation	Disabled		
or homemaker, if it applies.				
	Employer's name			
	Employer's address			
	Employer's address	Number Street		Number Street
	Employer's address	Number Street		Number Street
	Employer's address	Number Street		Number Street
	Employer's address	Number Street		
	Employer's address	Number Street  City State	z ZIP Code	Number Street  City State ZIP Code
	Employer's address  How long employed the	City State	ZIP Code	
et 2) Give Details About	How long employed the	City State	ZIP Code	
	How long employed the	City State		City State ZIP Code
Estimate monthly income as of spouse unless you are separated	How long employed the t Monthly Income	City State ere? rm. If you have nothing to re	report for any line, wr	City State ZIP Code
Estimate monthly income as of spouse unless you are separated if you or your non-filing spouse had	How long employed the t Monthly Income the date you file this for	city State ere? rm. If you have nothing to recombine the information	report for any line, wr	City State ZIP Code
Estimate monthly income as of spouse unless you are separated	How long employed the t Monthly Income the date you file this for	city State ere? rm. If you have nothing to recombine the information	report for any line, wr	City State ZIP Code   rite \$0 in the space. Include your non-filing that person on the lines
Estimate monthly income as of spouse unless you are separated of you or your non-filing spouse had	How long employed the t Monthly Income the date you file this for	city State ere? rm. If you have nothing to recombine the information	report for any line, wr	City State ZIP Code
Estimate monthly income as of spouse unless you are separated if you or your non-filing spouse his below. If you need more space, a	How long employed the Monthly Income is the date you file this for the date you file the date you file the date.	city State ere?  rm. If you have nothing to recombine the information this form.	report for any line, wr on for all employers for For Debtor 1	City State ZIP Code   rite \$0 in the space. Include your non-filing that person on the lines  For Debtor 2 or
Estimate monthly income as of spouse unless you are separated of you or your non-filing spouse had	How long employed the Monthly Income is the date you file this for the date you file the date you file the date.	city State ere?  rm. If you have nothing to recombine the information this form.	report for any line, wr	City State ZIP Code  ite \$0 in the space. Include your non-filing that person on the lines  For Debtor 2 or

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Debtor 1

Grace Lo	ouise Dahlquis	t	Case number (If known) 21-11829
	141 141 14	Lock Marco	

		For	Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here	4.	\$	0.00	\$	
List all payroll deductions:					
5a. Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$	
5b. Mandatory contributions for retirement plans	5b.	\$	0.00	\$	
5c. Voluntary contributions for retirement plans	5c.	\$	0.00	\$	
5d. Required repayments of retirement fund loans	5d.	\$	0.00	\$	
5e. Insurance	5e.	\$	0.00	\$	
5f. Domestic support obligations	5f.	\$	0.00	\$	
5g. Union dues	5g.	\$	0.00	\$	
5h. Other deductions. Specify:	120	+\$	0.00	+ \$	
5. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	\$	0.00	\$	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$	
List all other income regularly received:					
8a. Net income from rental property and from operating a business, profession, or farm					
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	
8b. Interest and dividends	8b.	\$	0.00	\$	
8c. Family support payments that you, a non-filing spouse, or a dependence regularly receive	ent				
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	
8d. Unemployment compensation	8d.	\$	0.00	\$	
8e. Social Security	8e.	\$	1,300.00	\$	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistanthat you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: food stamps	nce 8f.	\$_	19.00	\$	
8g. Pension or retirement income	8g.	\$		\$	
	8h.	+\$		+\$	
8h. Other monthly income. Specify:	9.	\$_	1,319.00	\$	
O. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$_	1,319.00	+ \$	= \$1,319.00
<ol> <li>State all other regular contributions to the expenses that you list in Sche Include contributions from an unmarried partner, members of your household, friends or relatives.</li> </ol>	your c	lepend			
Do not include any amounts already included in lines 2-10 or amounts that are Specify: food stamps				11.	+ \$
<ol> <li>Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Your Assets and Liabilities and Certain</li> </ol>					\$1,319.00 Combined
13. Do you expect an increase or decrease within the year after you file this	form	?			monthly income
☐ Yes. Explain:					